

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4651AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/05/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>CANYON HILLS MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>10125 CANYON HILLS AVE LAS VEGAS, NV 89148</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey and 1 bed increase, conducted in your facility on 3/5/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility was approved for 1 bed increase.  The facility is licensed for 5 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 5. Five resident files were reviewed and 3 employee files were reviewed.  The following deficiencies were identified:	Y 000		
Y 898 SS=C	449.2744(1)(b)(4) Medication / MAR  NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.	Y 898		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 898	Continued From page 1  This Regulation is not met as evidenced by: Based on record review on 3/5/09, the facility failed to ensure the medication administration record (MAR) was accurate for 5 of 5 residents (Resident #1, #2, #3, #4, #5).  This was a repeat deficiency from the 12/10/08 State Licensure survey.  Severity: 1 Scope: 3	Y 898		
Y 936 SS=F	449.2749(1)(e) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.  This Regulation is not met as evidenced by: Based on record review on 3/5/09, the facility failed to ensure that 3 of 5 residents complied with NAC 441A.380 regarding tuberculosis (Resident #2, #3 and #4) which affected all residents.  Severity: 2 Scope: 3	Y 936		

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Y 938 SS=C	<p>449.2749(1)(g)(1) Resident file</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation:</p> <p>(1) Upon the admission of the resident.</p> <p>This Regulation is not met as evidenced by: Based on record review on 3/5/09, the facility did not perform an evaluation on 5 of 5 residents for their abilities to perform the activities of daily living (ADL) upon admission to the facility (Resident #1, #2, #3, #4, #5).</p> <p>Severity: 1 Scope: 3</p>	Y 938		

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